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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

16

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

27256

TITLE

Method and system for periodontal charting

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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